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J1003 U.S. PTO

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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	ALTADONNA, Jr	Reissue
	First Named Inventor	James Altadonna	
	Original Patent Number	6,015,425	
	Original Patent Issue Date (Month/Day/Year)	January 18, 2000	
	Express Mail Label No.		

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned? ☐ Yes ☒ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
 - ☒ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label


or ☐ Correspondence address below

Name	04988		
Address	PATENT TRADEMARK OFFICE		
			Zip Code
City	State	Fax	
Country	Telephone		

NAME (Print/Type)	Alfred M. Walker	Registration No. (Attorney/Agent)	29,983
Signature		Date	December 19, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 11	Total Claims (37 CFR 1.16(j))	(B) 22	**** 2 =	x \$ 9 =	18	or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(j))	(D) 5	. 2 =	x \$ 42 =	84		x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ 370			\$ ____
Total Filing Fee					\$ 472	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>23-0120</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>430</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>December 19</u> <u>November</u>, 2001</p> <p>Date</p> </div> <div style="width: 45%; text-align: center;"> <p> _____ Signature of Applicant, Attorney or Agent of Record</p> <p>Alfred M. Walker _____ Typed or printed name</p> <p>Reg No. 29,983</p> </div> </div>								

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FORM 2227-3404E001

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December 20, 2001

Commissioner of Patents
Box REISSUE
Washington, D.C. 20231

Re: REISSUE Patent Application
APPLICANT: JAMES ALTADONNA
FOR: NASAL AIR FRESHENER FOR DENTAL PATIENTS
US PATENT NO. 6,015,425 OF JANUARY 18, 2000

Dear Sir:

Enclosed please find reissue patent application including Reissue Transmittal PTO/SB/50 Specification, Claims, and Abstract, in double column format with Amended text, Drawings (3 sheets), Reissue Fee transmittal form PTO/SB/56, Reissue Declaration PTO/SB/51 and Supplemental Declaration PTO/SB/515.

Applicant offers to surrender original U.S. Patent No. 6,015,425.

Check in the amount of \$472.00

Certificate of Mailing.

Please acknowledge receipt by returning the enclosed postcard.

Very truly yours,



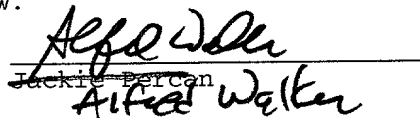
Alfred M. Walker
AMW:jp
encl.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail # EL 350347374US addressed to U.S. Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202 on the date indicated below.

Date: Dec. 20 2001

Pat trans utility appl


Jackie Percon
Alfred Walker